

FINANCIAL STATEMENT FOR FOSTER AND/OR ADOPTIVE APPLICANTS

This financial statement is prepared for the Alabama Department of Human Resources as part of the application to (1) operate a foster family home for children and/or (2) adopt a child. **Return the original completed form to the County Department of Human Resources.** Attach additional sheets as needed.

Prepared by (please print) _____

Date Prepared _____ County of Residence _____

Married applicants – complete all sections on both persons

Single applicants - complete only those sections that apply to you as an individual

**Total Monthly
Amount**

Prospective father

Monthly Net Income

Full Name _____ Earnings \$ _____

SSN _____ Other _____ \$ _____

Specify

Prospective mother

Monthly Net Income

Full Name _____ Earnings \$ _____

SSN _____ Other _____ \$ _____

Specify

A. Total Monthly Net Income

\$ _____

ASSETS (Please itemize; use additional sheet(s) as necessary)

Cash in Bank (Current Savings) \$ _____

Cash in Bank (Average Checking) \$ _____

Stocks (Estimated Value) \$ _____

Bonds (Estimated Value) \$ _____

Automobiles

Current Market Value

Make _____ Model _____ Year _____ Purchase Price _____ \$ _____

Make _____ Model _____ Year _____ Purchase Price _____ \$ _____

Life Insurance (List company names)

Prospective father _____ \$ _____

Prospective mother _____ \$ _____

Health/Medical Insurance on all household members (List company names)

Prospective father _____

Prospective mother _____

Children _____

Home _____ \$ _____

Date of Purchase

Purchase Price

Equity

Current Market Value

Other Assets and Estimated Value (Please itemize; use additional sheet(s) as necessary)

\$ _____

Total Assets

\$ _____

INDEBTEDNESS (Please itemize; use additional sheet(s) as necessary)

	To Whom Owed	For What	Monthly Payments (or prorated monthly)	Remaining Balance
Personal Loans or Installment Accounts	(1) _____	_____	_____	\$ _____
	(2) _____	_____	_____	\$ _____
	(3) _____	_____	_____	\$ _____
Real Estate & Other Loans	Real Estate	_____	_____	\$ _____
	Loan on Life Insurance	_____	_____	\$ _____
	Automobile Loan	_____	_____	\$ _____
	Other (specify)	_____	_____	\$ _____
	Total Owed		\$ _____	\$ _____

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MONTHLY EXPENSES WORKSHEET

If not monthly, prorate into a monthly amount.

Total Monthly Amount

1. Rent or Mortgage Payment, Tax, and Insurance	\$ _____	\$ _____
2. Home Maintenance - repairs, improvements	\$ _____	\$ _____
lawn and garden expense	\$ _____	\$ _____
3. Groceries (include dining out and food delivered in)		\$ _____
4. Utilities (include power, gas, water, phone, garbage, cable)		\$ _____
5. Clothing		\$ _____
6. Medical and Dental (monthly average)		\$ _____
7. Vehicle Expenses: Gas	\$ _____	
Tax and tag (use last year's figures)	\$ _____	
Payment	\$ _____	
Upkeep/maintenance	\$ _____	\$ _____
8. Insurance: Life	\$ _____	
Health	\$ _____	
Car	\$ _____	
Household (if not included in 1. Above)	\$ _____	
Burial	\$ _____	
Other	\$ _____	\$ _____
9. Newspapers, Magazines, Books (estimate)		\$ _____
10. Recreation and Hobbies		\$ _____
11. Church and Charity Contributions		\$ _____
12. Installment Accounts (credit cards, bank loans; amount from Monthly Indebtedness from page 1; do not include house payment)		\$ _____
13. Dues (club memberships, professional dues)		\$ _____
14. Savings and/or Investments		\$ _____
15. Child Support/Alimony		\$ _____
16. Other Expenses Not Listed Above (specify)		\$ _____

B. Total Monthly Expenses

\$ _____

HOUSEHOLD'S TOTAL MONTHLY INCOME AND EXPENSES

Enter your household's monthly net income from A. on page 1.	\$ _____	Total Monthly Net Income
Subtract your household's total monthly expenses from B. above.	\$ _____	Total Monthly Expenses
Enter your excess monthly income which should be sufficient to cover a child's needs.	\$ _____	Excess Monthly Income

By signing below, I verify that the information on this financial form is true and correct to the best of my knowledge.

Signature

Date

Signature

Date